

pharmaxis	FM-182-08	Date Effective: 24-May-23	Page 1 of 2
PERIODIC SUPPLIER APPROVAL REVIEW FORM			


Date of Review: _____ **Reviewed by:** _____

Date of Last Review/Assessment: _____ **Previous Assessed Supplier Category:** _____

Current Assessed Supplier Category: _____

A) Supplier Review


	Details	Verify Details Unchanged
Supplier Name		
Supplier Address		
Scope of Supply		
Critical Certification		
GMP Quality / Service Agreements		
Risk Assessment(s)		
Audit (Review supplier audit if applicable)		
Review (Ensure list all incident reports associated with the supplier since last review/assessment.	Attachment No.(s): _____ N/A <input type="checkbox"/>	

Authorisation signature and date:  08 May 23	Reference: SOP-020
Confidential. Staff must comply with the current version of the document. Reproductions of this document are uncontrolled and may not be the current version. Not for unauthorised distribution.	
TE-002-03	

pharmaxis	FM-182-08	Date Effective: 24-May-23	Page 2 of 2
PERIODIC SUPPLIER APPROVAL REVIEW FORM			

B) QA Manager (or Delegate) Review and Approval

Verify all required documentation is attached	Yes / No
State outcome of review:	
Supplier Quality Rating (Acceptable/Marginal/Unacceptable)	
Supplier Assessment (Approved/Not Approved)	
Next Review Date	
Next Audit Date	
Supplier Log Updated	Yes / No
Reviewer Notified	Yes / No
Head of Department Notified	Yes / No
Additional Comments:	
QA Manager (or delegate) (Signature)	Date:

Authorisation signature and date:  08 May 23	Reference: SOP-020
Confidential. Staff must comply with the current version of the document. Reproductions of this document are uncontrolled and may not be the current version. Not for unauthorised distribution.	
TE-002-03	